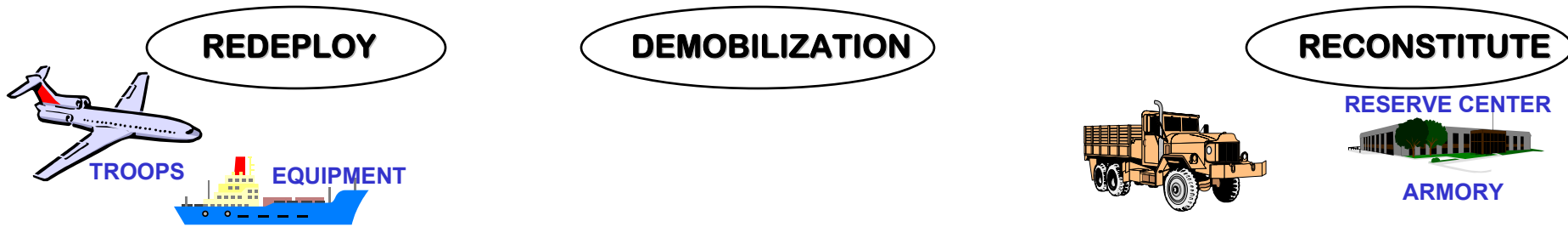


Demobilization Process



RE-DEPLOYMENT

DE-MOB STATION

HOME STATION

← **COMBANT.COMDR** → **TOA** ↔

← **CONUSA/De-Mob Station CDR** →

← **CONUSA** → **RC COMMAND** →

Theater

Installation

IN CONUS

- DISENGEGE
- RELEASE FROM TACTICAL CMDR

- ASSEMBLE AT PORT MARSHALLING AREA
- PROCESS FOR RE-DEPLOYMENT
- ORDERS TO ORIG DE-MOB STA
- PER & EQPT SHIPPING PLAN

SHIP AIR OR SEA

- RETURN CIF/CDE ISSUE
- LEAVE (PAY OR TAKE)
- MEDICAL (SCREEN/PHYSICAL)
- DD-214
- EQPT RECEPTION PLAN

5-7 Days

- MOVEMENT TO HS

- RECEPTION
- REFRAD
- RECONSTITUTE

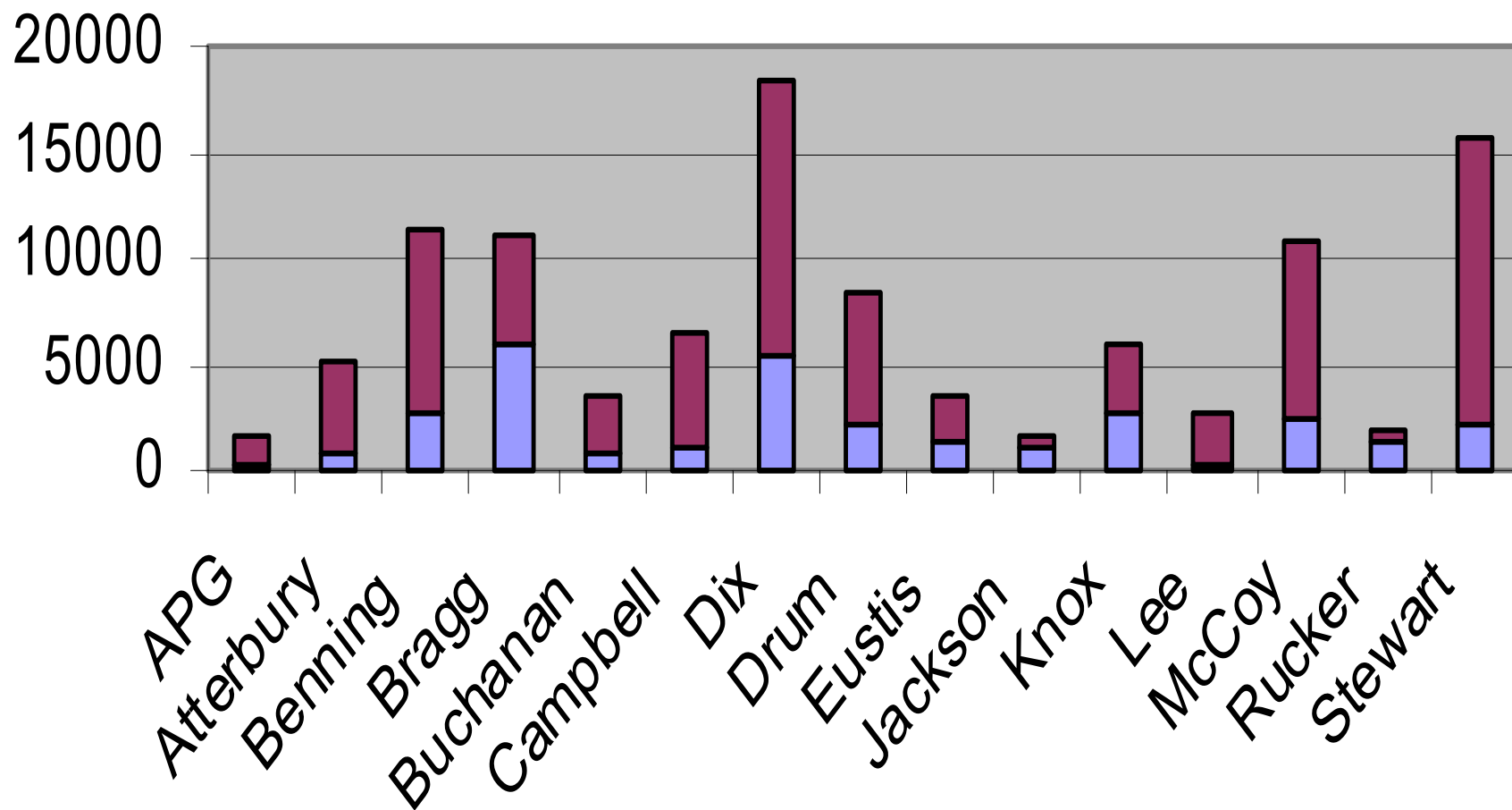
3 Days

Army Demob Policy

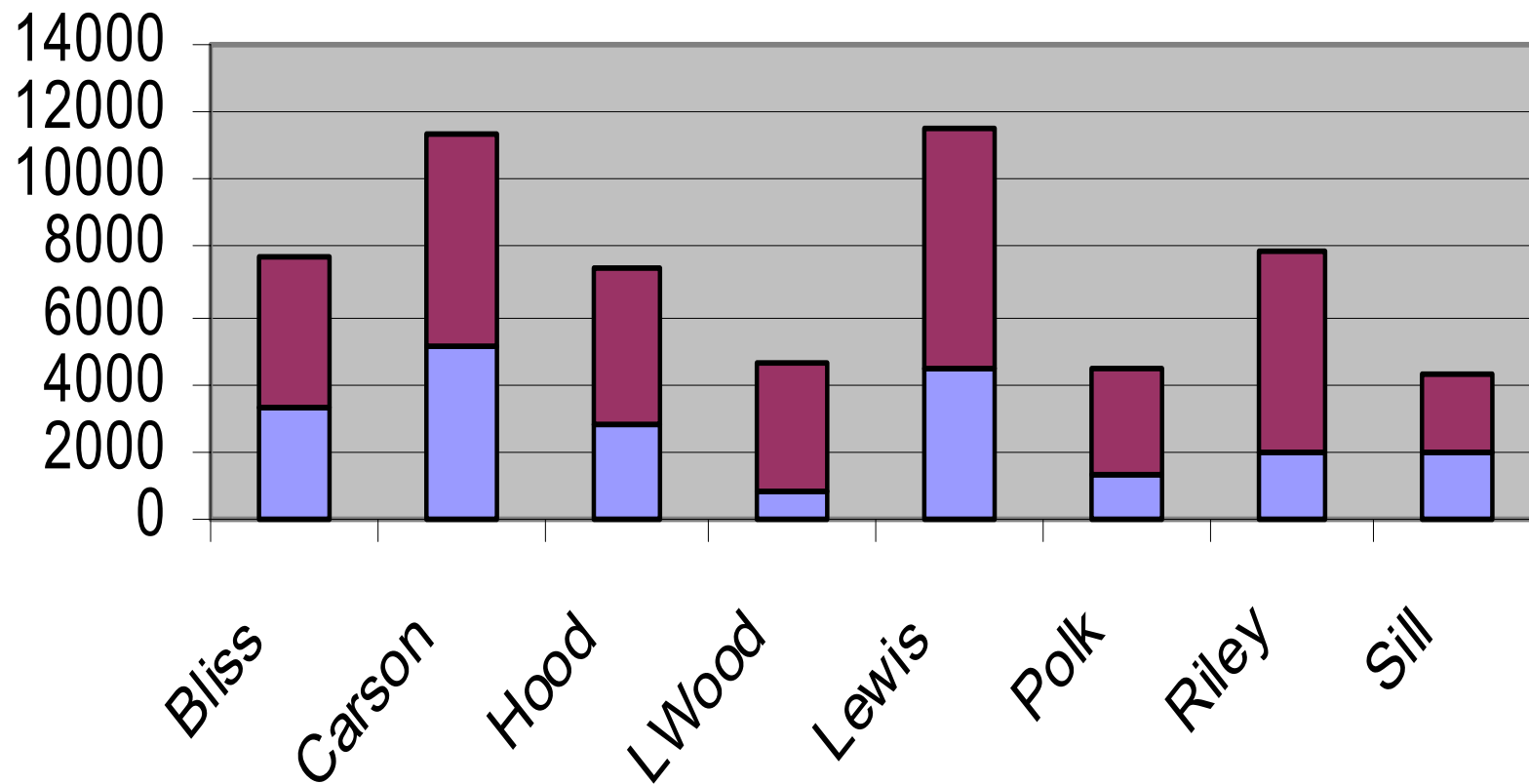
AMOPES

- MACOMs will provide FORSCOM projected demob dates for RC units
- FORSCOM is “executing agent” for unit demob
- All units should demob at installation where they were mobilized
- NGB/USARC ensure units have adequate spt to facilitate returning equip to HS
- Log guidance--unit to 10/20 standards unless otherwise directed
- Per guidance—addresses individuals (CRC) and unit

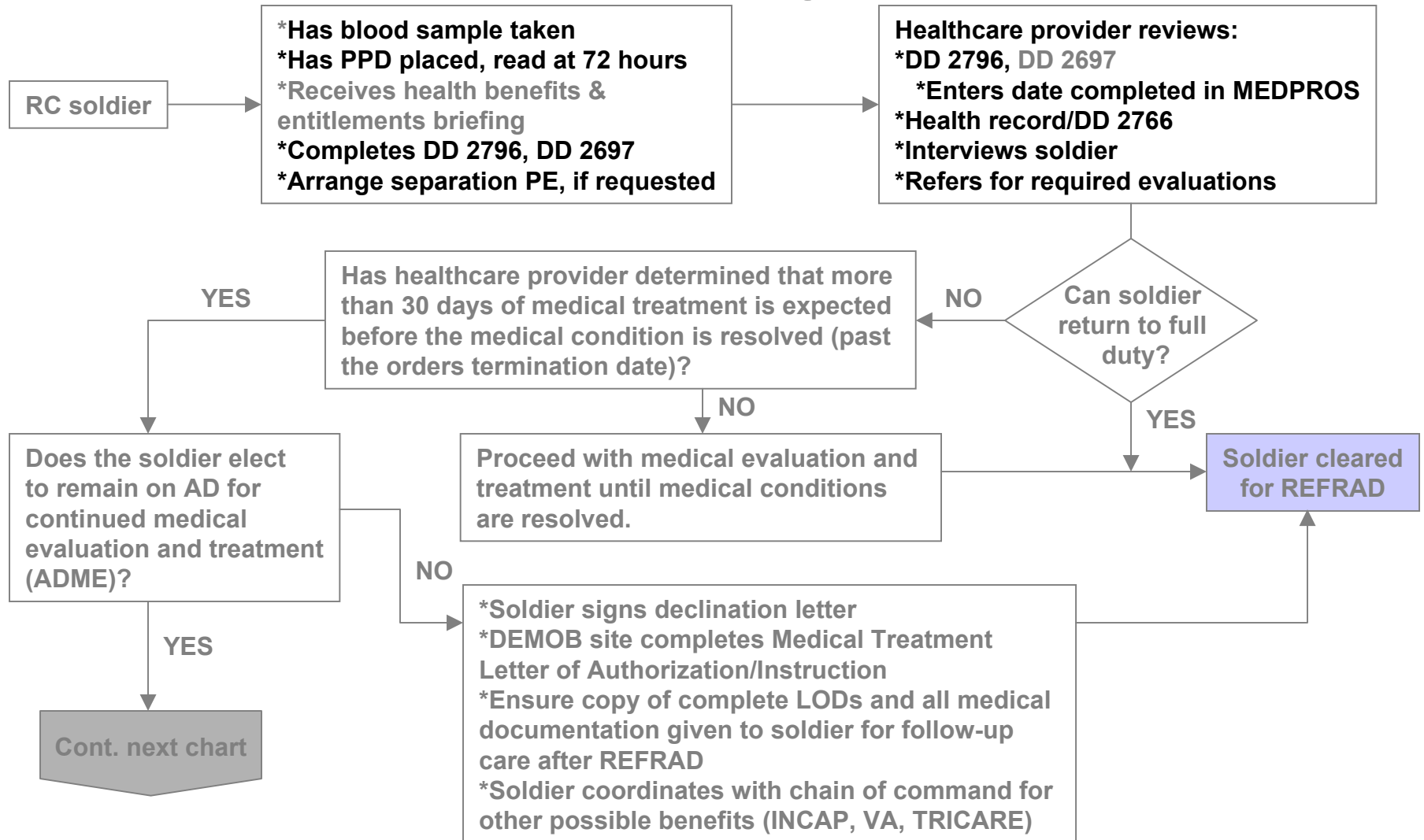
1st A 151 X 1 OF



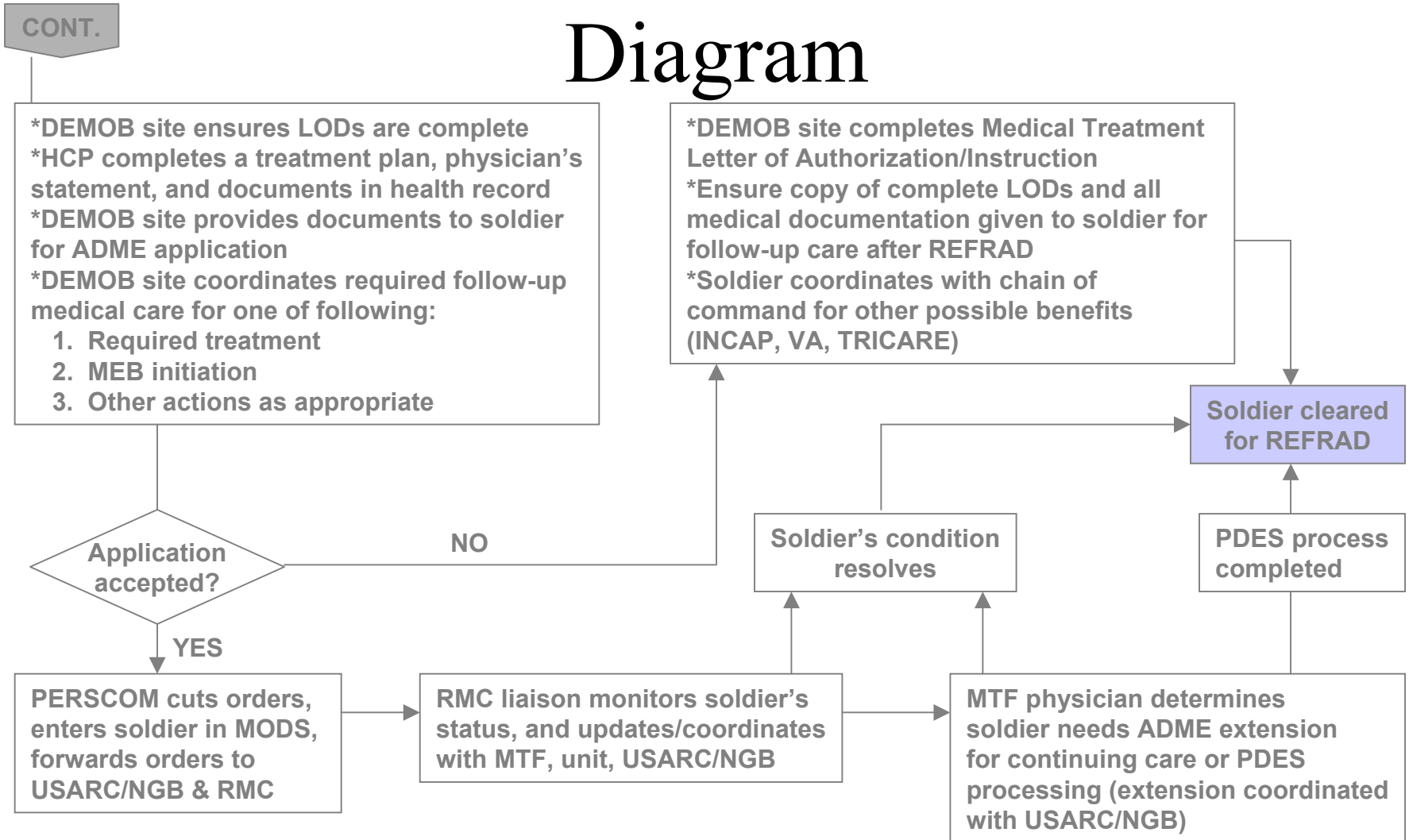
5th Army Mob Load-- OIF



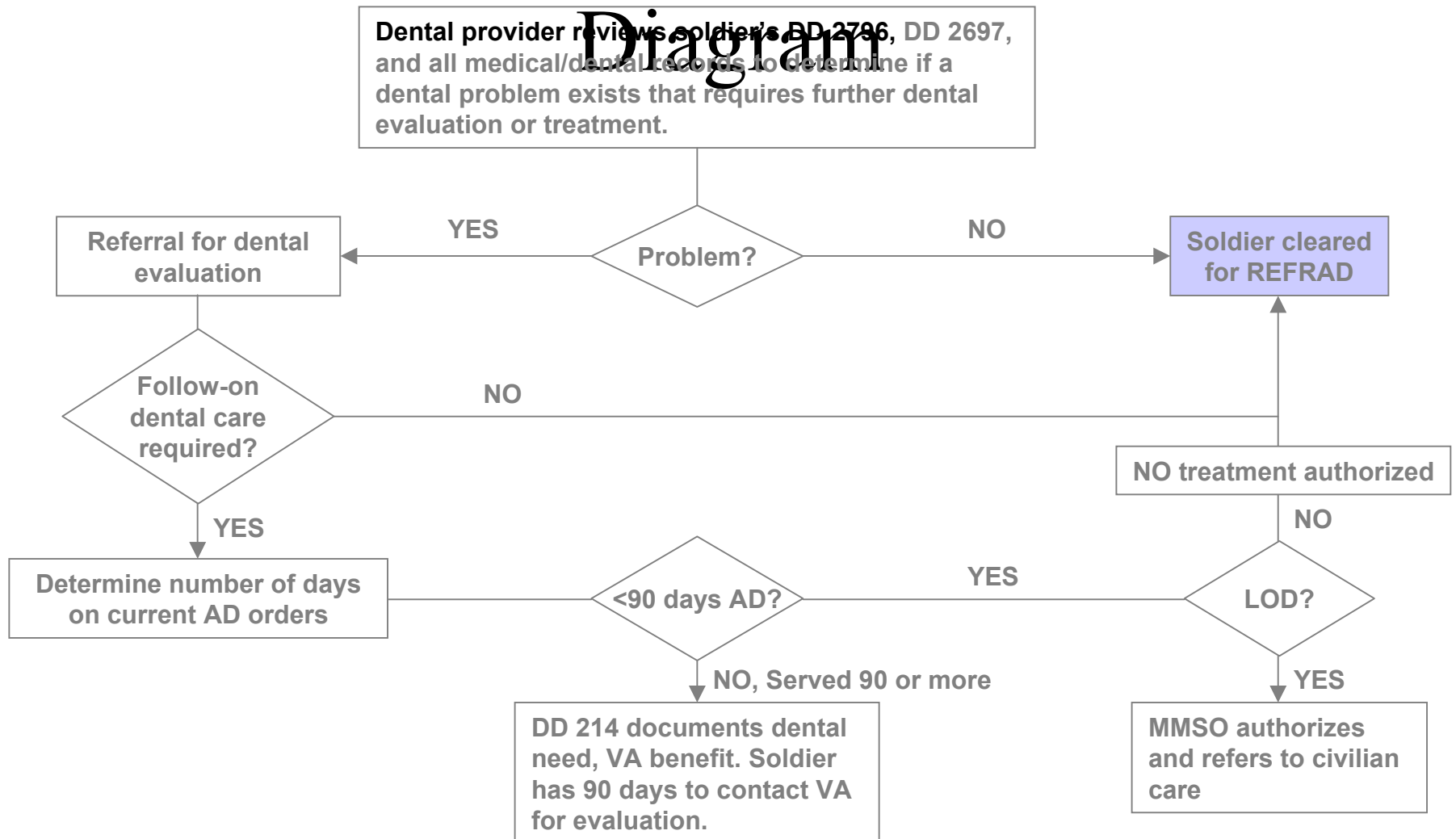
CONUS Medical Demob Flow Diagram

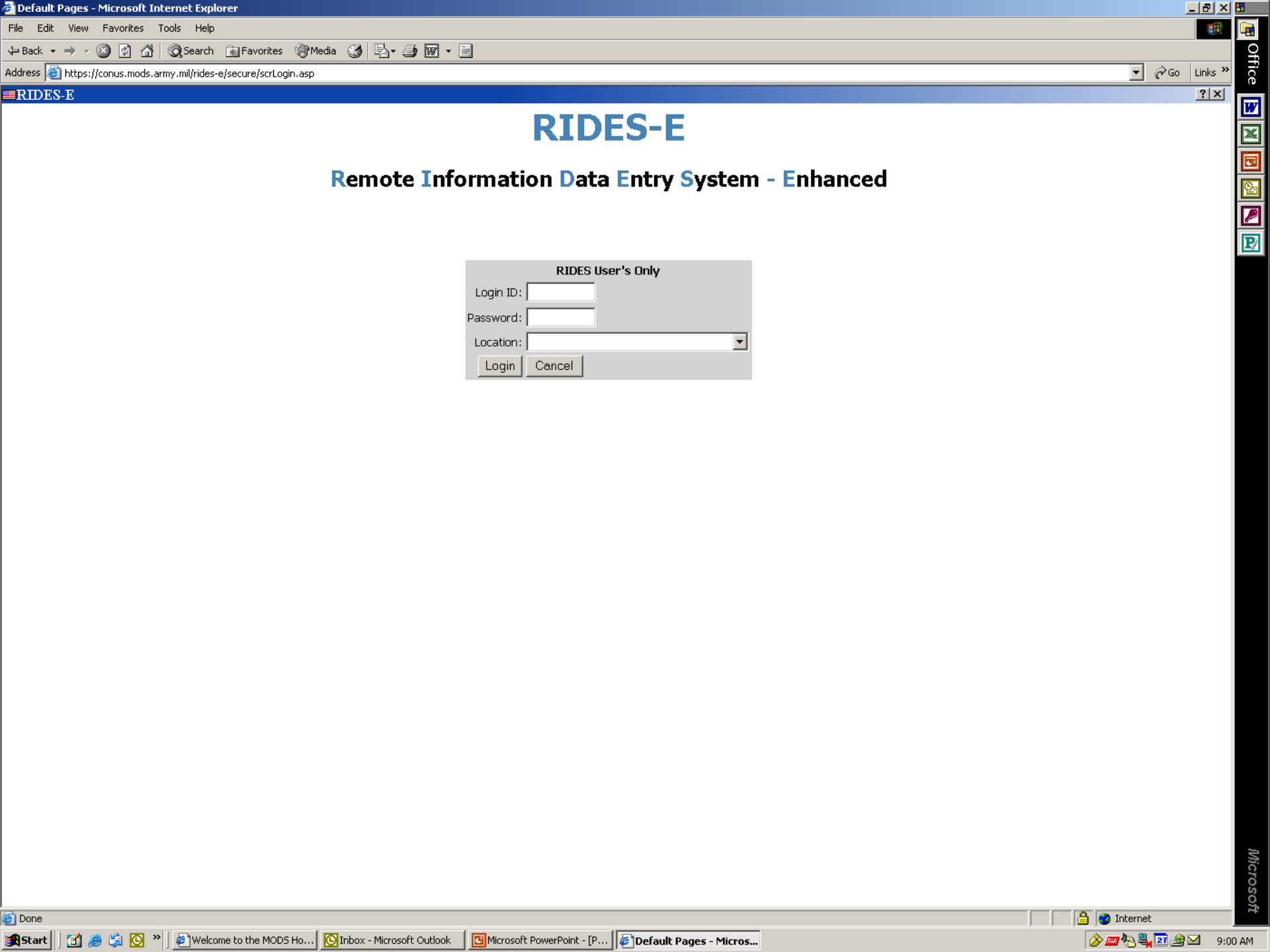


CONUS Medical Demob Flow Diagram



Dental Demobilization Flow





- ☒ Depart
☐ Return

Date:(yyyy/mm/dd)

Profile Type:

Section	Status	Remarks
PULHES	green	
Panagraph	green	Individuals panagraph on record
Dental	green	Next dental exam due:2003/09/05
Limited Duty Profile	red	Individual on limited duty profile. Remarks: no cold wx
DNA on File	green	Individual has DNA on record
HIV	green	HIV test administered within 6 months
Two pair of glasses	red	Not applicable to this individual
One mask insert	green	Not applicable to this individual
Hearing Aid and Battery	green	Not applicable to this individual
90 day supply of medications	green	Not applicable to this individual
Medical Warning Tag	green	Not applicable to this individual
Medical Non Deployable profile	green	Individual does not have a medical nondeployable profile
Occupational Protection Respiration	green	Not applicable to this individual
Occupational Protection Hearing	green	Individual has required occupational protection for hearing
Occupational Protection Vision	green	Individual has required occupational protection for vision
Pregnant	green	
Immunizations	red	Soldier is missing one or more immunizations.
Pre/Post Deployment form completed	red	Individual has not completed the Pre/Post deployment form

Immunizations for this Profile

Immunization	Status	Remarks
Hepatitis A	red	No Hep A found, needs Hep A shot for this Profile
Influenza	red	Due for next Influenza immunization
Measles	red	No Measles found, needs Measles shot for this Profile
Meningococcal	red	No Meningococcal found, needs Meningococcal shot for this Profile

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Name (Last First Middle)

Today's Date (yyyy/mm/dd)

2003/05/28

Social Security Number

523-66-7788

Deploying Unit

DOB (yyyy/mm/dd)

Gender

Service Branch

Component

Pay Grade

Location of Operation

Deployment Location (IF KNOWN)(CITY,TOWN,BASE)

List country (IF KNOWN)

Name of Operation

Administrator Use Only

- Medical threat briefing completed
- Medical information sheet distributed
- Serum for HIV drawn within 12 months
- Immunizations current
- PPD screening within 24 months

DD FORM 2795, MAY 1999

Health Assessment

SSN 523-66-7788

1. Would you say your health in general is:
2. Do you have any medical or dental problems?
3. Are you currently on a profile, or light duty, or are you undergoing a medical board?
4. Are you pregnant? (FEMALES ONLY)
5. Do you have a 90-day supply of your prescription medication or birth control pills?
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment?
7. During the past year, have you sought counseling or care for your mental health?
8. Do you currently have any questions or concerns about your health?

Please list your concerns (90 characters max)

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

M Army Active Duty O5

Location of Operation

Unknown

Deployment Location (IF KNOWN)(CITY,TOWN,BASE)

tinstarr

List country (IF KNOWN)

ANDORRA

Name of Operation

SFOR10

Administrator Use Only

- ☐ Medical threat briefing completed
- ☐ Medical information sheet distributed
- ☐ Serum for HIV drawn within 12 months
- ☐ Immunizations current
- ☐ PPD screening within 24 months

DD FORM 2795, MAY 1999

Health Assessment

SSN 523-66-7788

1. Would you say your health in general is:
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3. Are you currently on a profile, or light duty, or are you undergoing a medical board?
4. Are you pregnant? (FEMALES ONLY)
5. Do you have a 90-day supply of your prescription medication or birth control pills?
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment?
7. During the past year, have you sought counseling or care for your mental health?
8. Do you currently have any questions or concerns about your health?

Please list your concerns (90 characters max)

Demographic Section Incomplete
Health Assesment Section Incomplete

Submit

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Dermatologic | <input type="checkbox"/> GI | <input type="checkbox"/> Neurologic |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> ENT | <input type="checkbox"/> GU | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Combat/Operation Stress Reaction | <input type="checkbox"/> Eye | <input type="checkbox"/> GYN | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Fatigue, Malaise, Multisystem complaint | <input type="checkbox"/> Other (If other, please explain): | | |

FINAL MEDICAL DISPOSITION:

Comments (If not deployable, please explain)(90 character max)

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

DD FORM 2795, MAY 1999

☐ Immunizations current☐ PPD screening within 24 months**Health Assessment**

SSN 523-66-7788

1. Would you say your health in general is:
2. Do you have any medical or dental problems?
3. Are you currently on a profile, or light duty, or are you undergoing a medical board?
4. Are you pregnant? (FEMALES ONLY)
5. Do you have a 90-day supply of your prescription medication or birth control pills?
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment?
7. During the past year, have you sought counseling or care for your mental health?
8. Do you currently have any questions or concerns about your health?

Please list your concerns (90 characters max)

Demographic Section Incomplete
Health Assessment Section Incomplete

Submit

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Dermatologic | <input type="checkbox"/> GI | <input type="checkbox"/> Neurologic |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> ENT | <input type="checkbox"/> GU | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Combat/Operation Stress Reaction | <input type="checkbox"/> Eye | <input type="checkbox"/> GYN | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Fatigue, Malaise, Multisystem complaint | <input type="checkbox"/> Other (If other, please explain): | | |

FINAL MEDICAL DISPOSITION:

Comments (If not deployable, please explain)(90 character max)

Member Signature

I certify that the responses on this form are true.

**Provider Signature**

I certify that that this review process has been completed.



Provider SSN:

DD FORM 2795, MAY 1999

Submit

Print Record

Demographic Section Incomplete
Health Assessment Section Incomplete

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

Action

Date

Status

[Edit Pre-Deployment Survey](#)2003/05/28 Member Portion Not Completed[Delete](#)[Start New Pre-Deployment Survey](#)

No Post-Deployment Survey on file

[Start New Post-Deployment Survey](#)

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

2. Do you have any unresolved medical or dental problems that developed during this deployment?
3. Are you currently on a profile, or light duty?
4. During this deployment have you sought, or intend to seek, counseling or care for your mental health?
5. Do you have concerns about possible exposures or events during this deployment that you feel may effect your health?

Please list your concerns (90 characters max)

6. Do you currently have any questions or concerns about your health?

Please list your concerns (90 characters max)

Demographic Section Incomplete.

Health assessment Section Incomplete.

Submit

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- ☐ None
- ☐ Cardiac
- ☐ Combat/Operation Stress Reaction
- ☐ Dental
- ☐ Dermatologic
- ☐ ENT
- ☐ Eye
- ☐ Family Problems
- ☐ Fatigue, Malaise, Multisystem complaint

- ☐ GI
- ☐ GU
- ☐ GYN
- ☐ Mental Health
- ☐ Neurologic
- ☐ Orthopedic
- ☐ Pregnancy
- ☐ Pulmonary

Other (If other, please explain):

EXPOSURE CONCERNS (During deployment)

Provider see questions 5 & 6 on this form

- ☐ Environmental
- ☐ Occupational
- ☐ Combat or mission related
- ☐ None

Comments (90 character max)

Member Signature

I certify that the responses on this form are true.

Provider Signature

I certify that that this review process has been completed.

Provider SSN:

DD FORM 2796, MAY 1999

Submit

Print Record

Demographic Section Incomplete.

Health assessment Section

Incomplete.

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

Blank Forms

INSTRUCTIONS: To view these forms, Adobe Reader is required.

Click [here](#) to download a free version of the required application.

[DD Form 2795 PreDeployment](#)

[DD Form 2796 PostDeployment](#)

Topaz Drivers

[Download Topaz Drivers](#)

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

MEMBERS NEEDING PROVIDER SIGNATURE

Enter Start and End Date		Search By:	
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
<input type="button" value="Submit"/>		<input type="button" value="Reset"/>	
		All UIC's:	<input checked="" type="radio"/>
		Specific UIC:	<input type="radio"/>

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

MEMBERS THAT HAVE CHECKED IN FOR DEPLOYMENT

Enter Start and End Date		Search By:	
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
<input type="button" value="Submit"/>		<input type="button" value="Reset"/>	
		All UIC's:	<input checked="" type="radio"/>
		Specific UIC:	<input type="radio"/>

SSN	NAME	RANK	DOB	UIC	GENDER	Current Location
7788	EUHUS STEVEN DEREK	LTC	1961/5/30	W3VYAA	M	BAUMHOLDER

Administration Area - Set Defaults Here

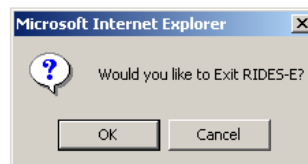
Number Of Users Currently Logged In :5

Properties:

Location Default Settings

Submit

[Moblas Readiness](#)



SUMMARY

- AUTOMATION TOOL FOR PRE/POST
- PROVIDES SINGLE DATA ENTRY
- REAL TIME ACCOUNTABILITY
- ROGER OPIO ASMR 210.221.7030

» QUESTIONS?